M18000009620

(R)	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Cı	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(D	ocument Number)	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/02/23

NAME: PARK ON THE SQUARE LLC

TYPE OF FILING: RESIGNATION OF RA

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011:	5, Florida Statutes, the undersign	gned,		
Florida Filing & Search Services, Inc.		, hereby resigns as		
Name of Registered Age	ent	, ,		
Registered Agent for Park On The Square LLC	2			-
Name of Lim	nited Liability Company			_,
M18000009620				
Document Number, if known				
A copy of this resignation was mailed to the a The agency is terminated and the office disco	-			
- Ceba	Signature of Resignand Agent			
If signing on behalf of an entity:			,,	
<u>Abhie</u> <u>Senior</u>	yped or Printed Name Vice Presiden Capacity	t t	103 H .Y -2 PM 12: 43	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company		

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